

SCIA 23
Rev. 5/98

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OR FEE

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF _____ V.S. _____

FOR _____
AT _____

LOCATION NUMBER _____

PERSON REPRESENTED (Show your full name) **HUSSEIN, SARLA**

CHARGE/OFFENSE (describe if applicable & check box →) Felony Misdemeanor

DOCKET NUMBERS

Magistrate
District Court
Court of Appeals

1 Defendant—Adult
2 Defendant - Juvenile
3 Appellant
4 Probation Violator
5 Parole Violator
6 Habeas Petitioner
7 2255 Petitioner
8 Material Witness
9 Other

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed				
	Name and address of employer: _____				
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment How much did you earn per month? \$ _____			
If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____				
IF YES, how much does your Spouse earn per month? \$ _____					
ASSETS	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	OTHER INCOME	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED \$ <u>3,500</u> SOURCES <u>DANICO PRESS - 59th ST + 5th AVE MANHATTAN</u>			
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____			
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	VALUE	DESCRIPTION		
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT				
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS SINGLE MARRIED WIDOWED <input checked="" type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <u>1</u>	List persons you actually support and your relationship to them	
		APARTMENT OR HOME: <u>NONE</u>	Creditors	Total Debt \$ <u>0</u>	Monthly Paymt. \$ <u>0</u>
		(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)			

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

9/12/2007

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED) 